Medical Missionary

Volume XXVI No. 5
SEPT.-OCT., 1952

The Medical Missionary

8400 Pine Road

PHILADELPHIA 11, PA.

Volume XXVI Number 5

THE MEDICAL MISSION SISTERS

The Medical Mission Sisters are a religious community devoted to the care of the sick in the missions.

Main Activities

Hospitals, dispensaries, home visiting, leprosaria, training native nurses, training native compounders, maternity and child welfare clinics, establishing native Medical Mission Sisterhoods.

Missions

Africa, India, Indonesia, Pakistan, South America, Southern U. S.

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Motherhouse and Novitiate— 8400 Pine Road, Fox Chase, Philadelphia 11, Pa.

House of Studies—6th & Buchanan Sts. N.E., Washington 17, D. C.

House of Postulate—4374 Grant Rd., Mountain View, Cal.

THE MEDICAL MISSIONARY *is published with ecclesiastical approbation by The Society of Catholic Medical Missionaries, Inc. in the interest of Medical Missions. Until further notice it will be issued bi-monthly. Subscriptions* $1.00 *per year;* $5 *for 6 years; foreign* $1.25 *per year;* $5.00 *for 5 years. Entered as second class matter September 11, 1928 at the Post Office of Philadelphia, Pa. under the act of March 3, 1879.*

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In this issue

Her Mission Is Far From Completed 269
Carmelite Fathers

Danger of Ungodliness in World Organizations 271
Adapted from Andre Retif, S. J.

Why Should Our Babies Die? 273
Sr. M .Elise, M. D.

Arabian Prince 275
Sr. M. Theophane, R. N.

42 Mission Assignments in 1952 278

Geography of Hunger 280
Sr. M. Martha, B. S.

Profession and Reception 282

Honor the Physician 283

The Medical Mission World 284
Sr. M. Daniel

Medical Mission Chits 285

Cook's Mate Emeritus 288
Sr. M. Paula, R. N.

YOUR WILL . . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I *hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of* $..... *for its general purposes.*"

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above form.

HER MISSION IS FAR FROM COMPLETED....

Angela Trindade

Throughout the world during 1952 Catholics are joyfully celebrating the Silver Anniversary of St. Therese as "Patroness of Missions." Certainly this Jubilee is an occasion of deepest gratitude. For the elevation of St. Therese to the dignity of "Intercessor For Missions" just 25 years ago ushered in the most glorious period of missionary success experienced by the Church in modern times.

During the past twenty-five years the number of Catholics in mission lands has increased almost 100%. When Pius XI on December 14, 1927 decreed that St. Therese should be invoked for the success of missions, only 14,660,000 Catholics resided within the jurisdiction of the Propagation of the Faith. Today that number, according to the Directory of Missions, has increased and multiplied to over 27,945,000!

Two series of events in particular inspired Pius XI's decision to select the Sainted Carmelite of Lisieux, who had died only thirty years previous on September 30, 1897, as the Church's official Patroness for the success of Missions. First were reports from China. Missionaries in that land had adopted St. Therese as patron of their labors. The results were overwhelming! Between 1900 and 1925, 1,250,000 conversions were recorded in China. . . . more than twice the number for the whole preceding century.

Secondly, in 1926, the astounding experience of Bishop Charlebois,

Vicar Apostolic of Keewatin in Northern Canada, prompted all Canadian Missionary Bishops formally to petition Pius XI to declare St. Therese "Patroness of Canadian Missions." After five years of labor among Eskimos, Bishop Charlebois had failed to attain a single conversion. Almost overcome with disappointment, he sprinkled dust from St. Therese's grave upon a crowd assembled before him. Immediately as if by divine impulse, all asked to be baptized.

By 1927, so many petitions from other Missionary Bishops in addition to the Canadian petition were received it was decided to request Pius XI to declare her "St. Therese, Patroness of All Missionary Vicariates and Territories Throughout the Entire World." A book containing 232 letters from every Missionary Bishop was presented to the Holy Father early in 1927. Later that year, in response to continued entreaties, he conferred upon St. Therese her greatest title "Special Patroness with St. Francis Xavier of all Missionaries, both men and women, and of all Missions of the whole world."

Pius XI was profoundly aware that for the welfare of the Church St. Therese had an invaluable function to perform, not only among non-christians languishing in darkness, but also among the Catholic laity everywhere. The Pope of the Missions was moved to declare the Little Flower "Patroness of Missions" because he was firmly convinced that Providence had raised up this Saint to emphasize the fundamental truth *that love of God includes the inescapable duty of extending His Kingdom on Earth and that all, married or single, are called to aid the spread of the One True Faith.*

Certainly no Saint has more clearly demonstrated how each person can aid apostolic endeavors of the Church and be a true Apostle of Jesus without having to leave home or embark for distant isles. Throughout her Autobiography and in 285 extant letters she repeated time and time again: *"It is by prayer and sacrifice that we best aid Missionaries."*

Hope for the Future

Today with so much of the world held in bondage by anti-religious forces and with sixty per cent of the people of our own nation devoid of religious affiliation, Catholics everywhere should adopt the example of the "Patroness of Missions" and offer daily prayers and sacrifices that the saving Gospel of Christ will reach more and more both at home and abroad. Judging solely from the tremendous strides made at home and in Foreign Missions since 1927, the Church can anticipate yet more glorious triumphs through the Little Flower of Jesus. This is the outlook of the present Holy Father, Pius XII, who on September 10, 1945, stated in regard to St. Therese: *"Her Mission is far from completed. Indeed it should make new advances in view of the superhuman effort needed to restore in lands devastated morally and spiritually an Era of Peace and Prosperity in the Christian Order."*

Carmelite Fathers, Chicago, Ill.

Here we encounter one of the essential characteristics of the Christian vocation: the identification of oneself through will and love with the whole body, *even though in one's own actions he assumes the role of an individual member.*

Yves de Montcheuil

Danger of Ungodliness in World Organizations

Is there any reason why Catholics and the missions in particular, should be interested in such powerful international movements as UNESCO (United Nations Educational, Scientific and Cultural Organization) and WHO (World Health Organization)? Since more than a billion people will be influenced by their efforts for better or worse, we Catholics may not be disinterested.

These Organizations are not world ministries of health and education but rather inter-governmental institutions for the promotion of human welfare in these two domains. UNESCO, says Mr. Torres Bodet, its present director, is "neither a team of technicians, nor a college of thinkers: it is, first of all, fifty governments.

The budget for 1951 for UNESCO was 8,718,000 dollars. Its program extends to education, the natural sciences, cultural activities (theatre, music, libraries), foreign study and dissemination of information. The record of activities in the past five years is highly interesting to mission regions: technicians were sent to the Philippines, Thailand, Afghanistan, Burma and India. Study circles were held in Brazil and India; regional conferences are to be held on gratuitous and obligatory education in Southeast Asia and the Middle East; scientific clubs were founded in India and Pakistan in 1951, a public library was inaugurated in New Delhi, India and there are scholarships for students in various countries. In order to make up for the lack of primary education, and in order to improve general living conditions UNESCO has conceived a world network with six regional centers in Southeast Asia, Latin America, Equatorial Africa, the Far East and the middle East. *In this way they plan to battle against the illiteracy of three-fourths of the world.*

WHO (World Health Organization) was organized in 1945 for the sake of dealing with the mass of humanity which is undernourished. Its budget for 1952 is 8,000,000 dollars. Its work against the sicknesses that afflict human beings is of special interest to mission countries to which it furnishes money, supplies, and technicians. In 1951 WHO workers battled against malaria, tuberculosis, cholera, infantile paralysis in six countries. The work in hygiene for mothers and children and also in social and professional hygiene has been very noteworthy. In those countries especially where sanitary equip-

WHO worker testing water

"Poverty and disease have long formed a vicious cycle: men and women are sick because they are poor —they become poorer because they are sick, and sicker again because they are poorer. This vicious cycle is the primary problem which must be faced and somehow solved before the new freedom of many Asian peoples can be expected to produce the material benefits which all peoples may now legitimately hope for.

"The rise in standards of living among many peoples in the last hundred years—a rise unprecedented in history—is to a very large extent due to the development of ways of breaking this poverty - disease - poverty cycle."

DR. BROCK CHISHOLM,
Director-General, WHO

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ment is insufficient, its work is incontestable.

Both of these organizations can be dangerous or beneficial depending upon their moral orientation. For this reason it is important to know their tendencies and underlying principles as international organizations. UNESCO professes absolute neutrality with regard to religion. It places all religions on the same footing and it attributes only a relative value to them. This is not in accord with the doctrine of the Church. A strong section of this organization proposes a purely naturalistic and evolutionary concept of man. He must become an economic producer and always be more useful to humanity. That it seems is the ultimate end of basic education. In its concept of morality, UNESCO never refers to God. WHO, largely influenced by an atheistic and materialistic spirit, encourages a movement for increased birth rate (by artificial insemination) or for control or limitation of same by sterilization of the abnormal, therapeutic abortion and contraception. Sending commissions of inquiry and advisory committees in particular to India and Japan caused a justifiable alarm to the Catholic elements of those countries. This international organization can bend the health policy of a mission country in a dangerous direction. Every health policy must take into consideration the meaning of life and of the human person. The desired guarantees on this point so far are unfortunately not forthcoming from WHO.

Such powerful international movements as UNESCO and WHO work directly or indirectly in the underprivileged mission countries with a population of more than a billion people. With millions of dollars to spend annually, in the role it has assumed as the herald of education, science and culture, UNESCO is bound to attract and fascinate the peoples and governments of underdeveloped nations. On the human level its authority challenges and may even eclipse that of the missionary Church.

WHO, with the means and competence that it commands, may thwart or powerfully favor the charitable works of the Church; it may spread ideas, practices and customs that may be harmful to the non-Christians as well as to the Christians of these countries.

It is most urgent and important for Catholics to interest themselves in all phases and activities of these international movements. In order to win respect for Catholic doctrine and for Catholic institutions, in general and in particular domains, we must be present: numerous personal contacts and human relations are most necessary. Those who are absent are

(Continued on Page 277)

Why Should Our Babies Die?

Sr. M. Elise, M. D.

Too many babies die in India. Infant mortality is still about fifty percent. Most Indian mothers lose three out of seven children. Death is a common visitor in an Indian household. Danger lurks on all sides: from germs and lack of sanitation, from ignorance and delay in seeking medical advice, from poverty and useless remedies, from distances and scarcity of hospitals, from heat, drought and famine, from earth, water, fire and air.

Some mothers lose their newborn babies, of tetanus neonatorum, so easy to prevent, so terribly hard to cure. Others watch their children die of cholera, often two or more in one day. It takes so little to kill a baby. One moment it is all life, charm and happiness, the next day it may float away on the waters of the Ganges, one more little corpse thrown to the Moloch of preventable suffering.

For these babies should not die. Nearly all these tragedies could have been prevented. These children are loved and wanted. They have a right to live, even in crowded India. Theoretically, the means to prevent and cure nearly all infectious disease are at hand, but practically speaking their adequate distribution is limited to the Western world. Cleanliness, aseptic technic, isolation of infectious patients, proper feeding, will avert tetanus, leprosy, typhoid, tuberculosis, and dysentery. Penicillin, diasone, chloromycetin, aureomycin, streptomycin, will cure most of these unless they are far advanced. There remains just one problem: how to get the remedy to the patient. That is the hitch. India hasn't enough doctors, nurses and hospitals to reach 350 million people. Most of these live in villages, inaccessible, uneducated, helpless and fatalistic. Poverty, climate and illness have sapped their energy. They cannot help themselves, cannot save their children, unless someone comes to their rescue.

That is exactly what the Medical Mission Sisters are trying to do in their mission hospitals in India. New remedies have raised their efficiency beyond all telling. No longer do babies die, despite the best efforts of doctors and nurses. Those who are lucky enough to reach the hospital, will nearly all be taken home, smiling and well. One has to experience the effect of chloromycetin on a desperate typhoid case, the result of aureomycin in pneumonia or enteritis, to appreciate these modern miracles. The Indian parents may not be able to pronounce these new names, but they do know that their babies do not die anymore. They come many miles, on foot, in oxcarts, on crowded lorries; and the faith and

hope shining in their eyes will nearly always be rewarded. Each baby cured is usually the starting point of a long series of cases sent to the hospital by grateful and enthusiastic promoters. In 1951 alone, Patna's Holy Family Hospital admitted and treated 1651 babies and children.

Shall we ever forget our first experience with aureomycin? Literature on this new drug had just reached us from America, but as yet it was not available on the Indian market. Then in came one of those problem cases: a tiny baby, skin and bones from long-standing amebic dysentery, in the throes of an acute re-acerbation of the disease. Blood and mucus swarm with motile amebae, while the high temperature and general toxicity indicated liver involvement as well. Clearly a case for emetine, but that remedy, while quite effective, is a two-edged sword. Its toxicity is so great that it is as apt to kill as to cure. With our hearts in our throats we gave the first dose, as small as we could make it, as large as we dared. Everyone, doctor, supervisor, student nurse, watched the patient like hawks. Pretty soon the little heart began to flutter and all but stopped. The poor village mother saw her baby turn up its eyes and go limp all over, and naturally she raised a howl that brought half the ward and the menfolk outside running to the baby's bedside. Prompt treatment pulled him out of it, but there we were: What to do next? The other drugs for amebic dysentery are too slow in such an acute and severe case. It was doubtful if the baby would live another twenty-four hours, and it would never survive another dose of emetine.

Then someone mentioned aureomycin, and a ray of hope appeared. True, it was not yet available in the stores, but there might be some of it in the country. We called up Colonel Nath, the Inspector General of Hospitals in Bihar, always our friend in need. "Sister, you are in luck," he said. "I have just a few capsules, left over from a package I had flown here from America, for a friend of mine, Maharaja So-and-so. You are welcome to them. Send your servant to me, and I'll hand them over." Blessings on Colonel Nath!

In a few hours little Ram Babu had his first dose, with no ill effects. That night, each time the night nurse would come to me for something or other, I would inquire: "How is Ram Babu?" The early reports were cautious: "About the same, not worse, anyway." But in the morning even our skeptical night nurse reported: "I guess he is better. His mother is sleeping on the floor beside his cot. That is the first time she has closed her eyes since they have been in the hospital. *She* knows, I feel sure." Mother instinct was not far wrong in this instance. Ram Babu was better. After that anxious night he pulled up steadily, and in a few days was well on the road to recovery. Even his father was amazed at the smiling, playful baby. He had been ailing and fretful for such a long time. When we told him the story of the drug that had saved his son's life, and how Ram Babu and the Maharaja were the only people in

(Continued on Page 277)

HIS HIGHNESS, Abdullah al-Faisal al-Saud (2nd from R.) and Sr. M. Theophane.

Arabian Minister of Health at Catholic Maternity Institute

The prince arrived! It was on the 26th of July, at 11:10 a.m.! We had originally thought his visit would be on the 25th but the long journey from New Orleans was rather fatiguing, so His Highness preferred to rest that day and begin his tour of Santa Fe on the 26th.

At 11:10 a.m. Mrs. Hodgson came into my office from the clinic to announce that two limousines, several smaller cars, and a police escort was coming into our driveway. I waited a minute thinking that eventually the front door bell would ring. But in no time Mrs. Hodgson came running back to say that the whole group was entering the clinic. When I got back there, all six of the Arabian Sheiks and the prince plus Mr. Halstead (a Catholic) from the U. S. State Dept. in Washington, Mr. Harrington (also a Catholic) from the American Express Co. and four New Mexico Health Dept. officials, two police, and a plain clothesman were in our admitting room. Mr. Halstead quickly introduced himself and proceeded to introduce Prince Abdullah al-Faisal al-Saud who, in turn introduced each of the Shieks, according to dignity.

The prince's interpreter, Sheik Mohammed Massoud, sat next to him and Doctor Marion Hotopp, State Public Health Dept. took the other end of the couch.

That finished, we settled down to business. I explained our service and it went slowly as the interpreter had to translate back and forth. No one said a word except the two men, Doctor Hotopp, and myself. Before long we forgot there were about twenty other people in the room. The prince asked many questions and over and over again he expressed his conviction that the most important and pivotal aspect of health

service was good maternity and infant care. I was able to ask some questions too.

In Saudi Arabia, where the Prince is Minister of the Interior and Public Health, all medical care is absolutely free for rich and poor. If the rich want to pay something it goes to a totally different fund for the care of maintaining poor families but not for health purposes. The health program is financed by royalties on oil. Great effort is being made to educate more doctors and nurses.

Saudi Arabia has everything but water. They are trying to teach the nomads to live together in groups where there is a supply of water but they don't like it. Last year in one area these people and their cattle were near perishing from a lack of water they had hoped God would send, but did not. Finally the government went in with trucks and hauled both men and cattle out of the desert to a place where water was available. Along the coast they are experimenting with distilling sea water.

Another effort that is being made is to provide more and better hospitals and hospital personnel. There was not enough time to ask all the questions I wanted to ask but one thing His Highness said was that all normal births are done in the homes by midwives after the patient has been seen by a physician. All abnormal ones are done by physicians in hospitals, and, the hospitals are crowded. One of the ambitions he has is to inaugurate itinerant clinics for the nomads.

After a little over an hour of questions and answers, back and forth, we proceeded to La Casita, our maternity home where we have normal childbirth, rooming-in, breast fed babies, early ambulation, etc. We had warned the mother about our distinguished visitor so she was up and had her bed all made and the place looked beautiful. His Highness went in with me and stood at the foot of the basinette, placed both of his hands on the end of it and proceeded to tell me once more that maternity and infant care was the most important health work to be done. It needs to be good but simple, he said, and added, "Like this." I had a wonderful opportunity to tell him that well prepared people to do the work was the most important part (Mr. Halstead had said they were buying tremendous amounts of expensive equipment to take back with them). They were surprised to see our mother up and looking hale and hearty 36 hours after delivery. She really looked beautiful and a perfect specimen of health. I don't know quite how it happened but the next thing I knew I was in San Carlos unit surrounded by the Prince and his companion Sheiks and I was talking about the dignity of parenthood, its responsibilities and so forth.

At the end Mr. Halstead brought up our visitor's book and in it His Highness wrote: *"What I have seen is not so much of material things but angels of sympathy and their merciful hearts. I hope that they will have the appreciation of all humanity and I beseech God to help them and give them good compensation."* He wrote it in Arabic and his translator put it into English. It has the Oriental graciousness about it. We were all surprised at the informality of the group and their friendliness. I am sure they would have remained longer but a storm was coming up and Mr. Halstead wanted them at the hotel before it broke. Mr. Halstead said that in the whole tour beginning in New York His Highness had not shown so much response as here. Nor had he ever asked so many questions.

They all seemed to thoroughly enjoy the visit.

Sister M. Theophane, R.N.

WHY SHOULD OUR BABIES DIE?

(Continued from Page 272)

Patna who had ever had this medicine, he was properly impressed. For days after that we had to answer the questions of anxious relatives of other babies in the ward, who wanted to know how soon we would perform the same miracle on *their* pets!

Since then all these new drugs are procurable in India. They are terribly expensive, but anything is worth the cost when it is life saving! (As someone once said about a high-salaried executive: We are overpaying him, but he is worth it!) All these remedies are so rapidly effective that they become a saving in the end. Chloromycetin, for instance, cuts the hospital stay for typhoid from two months to two weeks!

Thus all the means to save the babies of India are at hand. What we need now are more sisters, more hospitals, more money to buy the drugs! Those are fairly big items, it is true, but with united efforts we will achieve our end. Many babies will live, if we all do our part.

UNGODLINESS IN WORLD ORGANIZATIONS

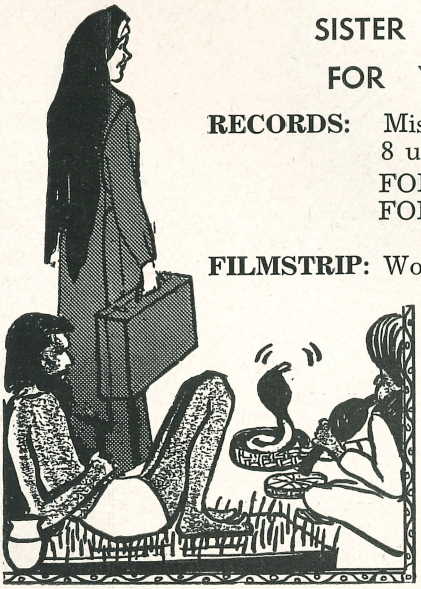
(Continued from Page 274)

always wrong! Holy Mother the Church, quite concerned, has accepted the invitation from UNESCO to send a permanent observer. Archbishop Angelo Roncalli, Papal Nuncio to France, was named to the post.

The policy of being present has justified itself in a certain way already. By patient, constant efforts marked with tact and firmness, the general atmosphere of UNESCO has been improved. Opposition to some official doctrines and practices of WHO has obliged the organization to go back and alter its position. With our Missionaries, both men and women, in schools and hospitals, the individual Catholics of all nations represent a force which must bring the light and cause to be esteemed.

During the Month of September the Holy Father asks us to pray that the danger of ungodliness will be obviated from organizations of health and education. Don't forget!

(Adapted from Andre Retif, S.J. in Fides)



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"It would not be sufficient, however, that you yourselves were resolved to live ever more intensely, if you remained insensible to the fact that others are dying around you. For this reason we would like that . . . from thousands and thousands of hearts there would rise the solemn cry, 'We wish to make our brothers also live. Wherever we should encounter death, we wish to bring life!' "
(Pius XII, Easter, 1952)

(L. to R. from top:)
Sr. M. Karen, R.N., Louisville, Ky. to Pakistan
Sr. Margaret Mary, R.N., Hart, Mich., to Pakistan
Sr. M. Raphael, B.S. Pharm., Chicago, Ill., to Africa
Sr. M. Judith, R.N., Faribault, Minn., to Santa Fe
Sr. M. Marcella, M.D., Cinn., Ohio,
Sr. M. Andrew, Pittsburgh, Pa.,
Sr. M. Richard, Ph.B., Baltimore, Md.
Sr. M. Henrietta, B.S. Ed., Holland, to India
Sr. M. Paula, R. N, Franklin, Mass., to Santa Fe
Sr. M. Ruth, R.N., Southington, Conn., to Atlanta, Ga.
Sr. M. Ramona, RN., Oklahoma City, Okla. to Santa Fe
Sr. M. Joanna, B.S.E., Montreal, Que., to India
Sr. M. Philomena, B.S., Trinidade, B. W. I., to India
Sr. M. Senan, County Clare, Eire, to England

Belo
Sr. M. Peter
t
Sr. M. Campion,
to
Sr. M. Evelyn,
to
Sr. M. Michaela
to
Sr. M. Edmund,
to
Sr. M. Elis
to
Sr. M. Carme
to
Sr. M. Carol,
t

FROM OUR DUTCH PRO-PROVINCE
Sr M. Magdalena, Holland, to Welkom, S. Africa
Sr. M. Birgitta, R.N., Holland, to Welkom, S. Africa
Sr. M. Damiana, Pharm., Holland, to Welkom, South Africa
Sr. M. Paraclita, M.D., to Indonesia
Sr. M. Immaculata, R.N., Holland to Indonesia

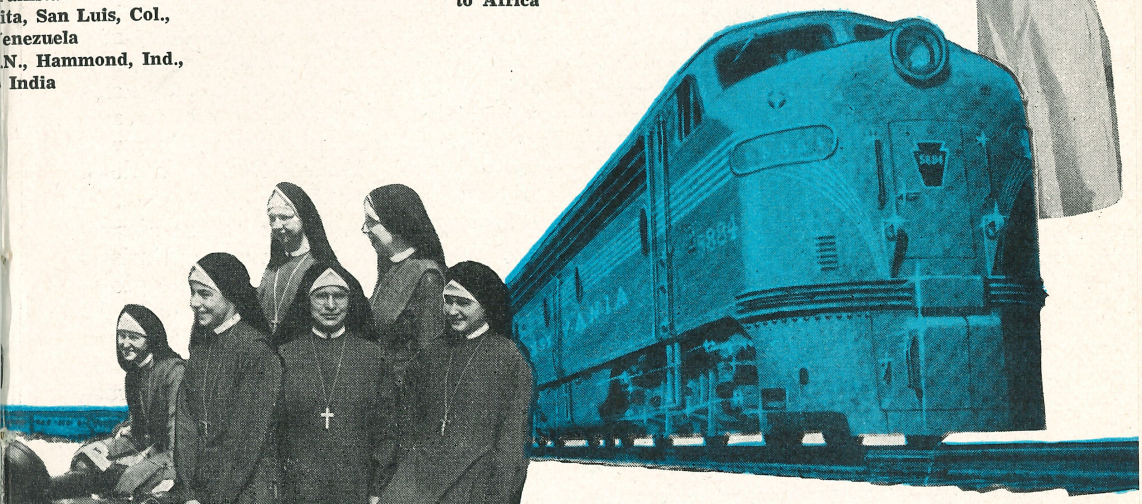
ASSIGNMENTS IN 1952

every place . . .
enter . . .

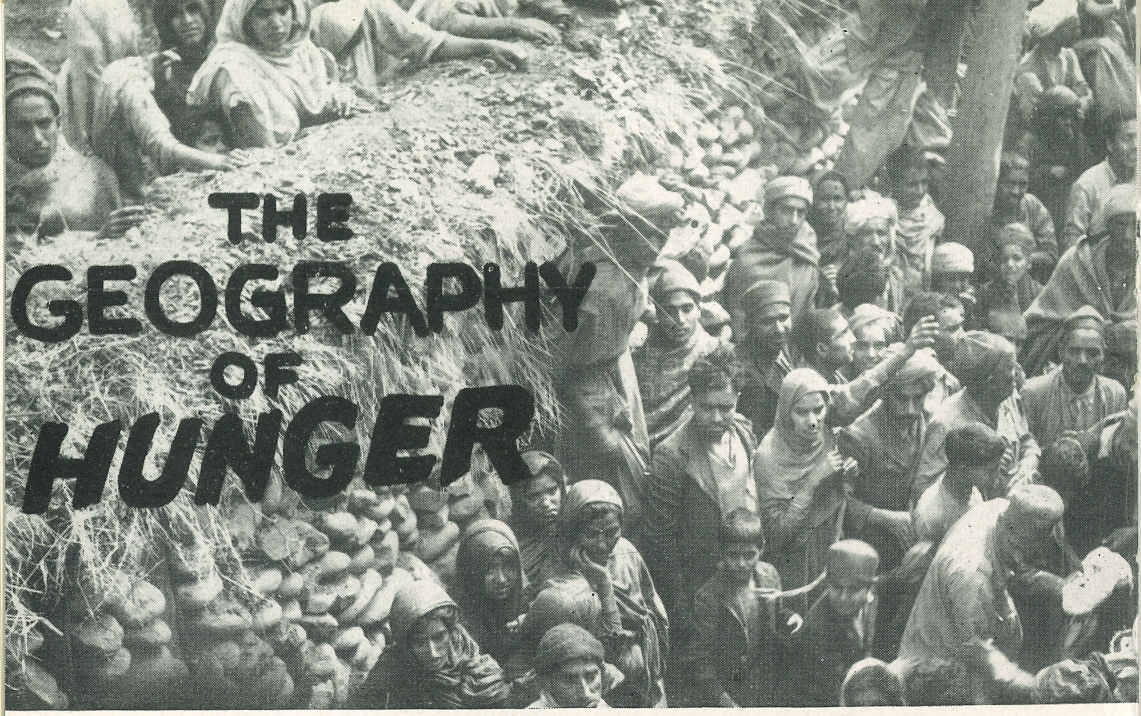
Sr. M. Anita, R.N.
to Venezuela

—l. to rt.
Claver, Phila., Pa.,
Africa
R.N., Devon, England,
Africa
.T., Kansas City, Mo.,
India
R.N., Newfoundland,
Pakistan
.N., Durham, England,
Africa
, M.D., Holland,
Pakistan
ita, San Luis, Col.,
enezuela
.N., Hammond, Ind.,
India

At right—L. to rt.
Sr. M. Damien, R.N., Holland to India
Sr. M. Augustine, Dietitian,
Holland, to India
Sr. M. Roberta, R.N., Fort Smith, Ark.,
to Pakistan
Sr. M. Brigetta, R.N., Sask., to Pakistan
Sr. M. Dolores, R.N., Chester, Ill.,
to Pakistan
Sr. M. Pia, B. Horizonte, Brazil,
to Venezuela
Sr. M. Aquinas, R.N., N. Y., N. Y.,
to India
Sr. M. Timothy, R.N., Milwaukee, Wis.,
to Pakistan
Sr. M. Laetitia, R.N., Brooklyn, N.Y.,
to Africa



Sr. M. Veronica, R.N., Holland,
to Indonesia
Sr. M. Joanna, Pharm., Holland,
to Indonesia
Sr. M. Odilia, R.N., Holl., to Indonesia
Sr. M. Judith, R.N., Holl., to Indonesia
Sr. M. Joseph, Holland, to Indonesia
Sr. M. Oda, to Indonesia



GEOGRAPHY OF HUNGER

By Josue De Castro

Little, Brown & Co., Boston
337 pp., $4.50

This is a strange geography indeed, a geography that deals with the negative and unfavorable aspects of the world rather than its positive and favorable sides; a geography that studies the deprivations of the earth and the failures of man rather than his wealth and his victories.

Hunger, in Dr. de Castro's opinion does not merely mean a lack of sufficient food to satisfy the appetite. The term "hunger" embraces everything from the latent protein, vitamins and mineral deficencies to absolute starvation. Supporting his views with astonishing and appalling facts and figures, this eminent South American Scientist reveals to us that almost **80 percent of the world now lives in a permanent state of hunger.** The ravages of hunger are unlimited, not only destroying the human body but also attacking his mental structure and his social behavior. "In the diet and not elsewhere are the origins of the Chinese submissiveness, of the fatalism of the lower castes of India, of the alarming improvidence of certain populations of Latin America." The neo-Malthusians gloomily predict that the increase in world population is a threat to its economic equilibrium, that food production cannot be increased because we have reached the practical limit of soil utilization, that soil erosion is gradually turning the earth into a dead and rocky planet.

Dr. de Castro refutes these alarmists' prophecies with more optimistic views. Of the 50 percent of the globe soil that can be cultivated only 10 percent is being used; production per acre in most of the world can be increased by rational agricultural practices; overpopulation does not cause starvation in various parts of the world but starvation does cause overpopulation. This seems a paradoxical statement, since hunger, an agent of deterioration and death would not likely provoke an excessive increase in population. With the help of ob-

jective data, biological and psychological explanations, and social facts the author points out to us that, the more those absolutely overpopulated countries like India, China, and Japan are assailed by starvation, the more the number of their inhabitants grows. He then concludes his argument that if it is impossible to eradicate hunger by controlling the growth of the population as the neo-Malthusians would, it is perfectly possible to reverse the process and control the growth of population by doing away with starvation.

The merit of this book is that it is more than a geography, more than a "map of misery spotted in Asia, Africa, America and elsewhere with areas where man apparently born for no purpose but to die and fertilize the earth"; it is also a history of the tragic drama of hunger in the world. A geography is a study of the present reality not of the past. However, Dr. de Castro is aware that the present almost universal state of hunger can be better understood and therefore better overcome if viewed in the light of the past. Hunger is not a natural phenomenon, as many of the privileged minority would consider it. Hunger, except when caused by unusual inclemency of nature, is a man-made plague chiefly created by the inhuman exploitations of colonial riches, by the latifundia and the one-crop-culture which lay waste the colony so that the exploiting country can get the raw materials its prosperous economy requires cheaply, and by the monopolization of the world's markets by the Western Powers.

The author concludes his book in a more optimistic note in a chapter titled "Geography of abundance". In it he surveys the means that are available for overcoming hunger, a food policy that must look to distribution as well as to production. The measures proposed are the use of modern technology in the agricultural field, the establishment of a just and equitable policy in the international market, a more even distribution of wealth in countries where remnants of medieval feudalism still exists. It is significant that some of these conclusions were the theme of His Holiness Pius XII's message, to the delegates of the **Semaines Sociales** held in Dijon this summer:

"In approaching this question of wealth and poverty, can one fail to recall the distinct warnings of scripture regarding those who possess earthly riches and are so easily tempted to take delight in them and to abuse them? The entire Gospel urges men to detachment (from the things of the world) as a condition for salvation."

Sr. M. Martha, S.C.M.M.

MANDAR NEEDS:

Good microscope		$350.
Typewriter		$50.

BEREKUM NEEDS:

Portable X-ray		$500.
50 Hospital beds	each	$30.
20 Baby bassinetts	each	$10.

PATNA NEEDS:

5 doz. 2 cc. syringes	each	$2.25
1 doz. spinal puncture needles	each	$2.50

MYMENSINGH NEEDS:

120 Bed sheets	each	$1.50
5 doz. towels	each	$1.00

KARACHI NEEDS:

60 Mattresses	each	$20.00

PROFESSION AND RECEPTION

On the feast of Our Lady's Assumption, August 15th, our family grew again. One Sister pronounced her final vows, eleven novices made vows for three years and twelve postulants received the habit of the Society in the Reception and Profession ceremony at the Motherhouse.

"These Sisters are doing something nice for God," Msgr. Betowski, the retreat master, told friends and relatives. He explained how the Sisters were doing this through their apostolate of caring for the sick in mission lands. Thus by means of the corporal works of mercy, the Sisters were serving the whole man, body and soul, just as Christ had done. Monsignor concluded by congratulating Mother Dengel for her splendid work, extending his congratulations to the parents and relatives who by adding their sacrifice to the oblation of the Sisters would be closer to them than ever.

The officiating priest, Rev. Thomas Duffy, C.S.C. blessed the habits and distributed them to the postulants, who after being clothed in them, returned to the foot of the altar to receive their names in religion.

They are:

Sr. M. Gonzaga Pearsall, M. T., Bay City, Mich.
Sr. M. Columcille White, R.N., M.S. in N.E., Carrington, N. D.
Sr. M. Imelda Rodrigue, R.N. New Orleans, La.
Sr. M. Lina Faeldonea, R.N., Manila, P. I.
Sr. M. Adrian Shevock, B.S. in Diet, Portage, Pa.
Sr. M. Sylvia Paramio, B.S. in Pharm., Rizal, P. I.
Sr. M. Cecilia Inigo, B.S. in Pharm., Manila, P. I.
Sr. M. Genevieve Collin, Montreal, Can.
Sr. M. Pascal Volker, R.N., Atlanta, Ga.
Sr. M. Grace Peralta, M.D., Malta
Sr. M. John Bosco Stiles, Oldham, Lancs, Eng.
Sr. M. Laurentia Barry, Middlesex, Eng.

Before receiving Holy Communion the following novices pronounced their first vows: (L. to R. below)

Sr. M. Florence Pierson, St. Louis, Mo.
Sr. M. deLellis Schmid, Wheeling, W. Va.
Sr. M. Edmund Warren, R.N., Co. Durham, Eng.
Sr. M. Evelyn Schild, M.T., Kansas City, Mo.
Sr. M. Benet Gilland, B.A., Mexico City, Mex.
Sr. M. Gertrude Provost, Mason, Wis.
Sr. M. Philomena Cupen, B.S., Trinidad, B.W.I.
Sr. M. Alexis Brullmann, Long Island City, N. Y.
Sr. M. Campion Reynolds, R.N., Paignton, Devon. Eng.
Sr. M. Peter Claver Grice, Phila., Pa.
Sr. M. Anita Fritsch, R.N., Detroit, Mich.

Those who renewed vows:

Sr. Anne Marie Hager, Kellogg, Minn.
Sr. M. Eugenia Jagielski, St. Cloud, Minn.
Sr. M. DeSales Leary, B.S. in Diet, Pa.
Sr. M. Martin Heires, R.N., Carroll, Ia.
Sr. M. Colette Costello, R.N., Cleveland, Ohio
Sr. M. Constance Pellicer, X-Ray Tech., St. Augustine, Fla.
Sr. M. Martha St. Pierre, B.S., Canada
Sr. M. Timothy Amann, R.N. of Milwaukee, Wis., made vows for life.

In Poona, India the first reception ceremony was held at the Medical Mission Sisters' new Indian novitiate on August 15th when two young women were clothed in the habit of the Society.

Honor the Physician

FOR THE NEED THOU HAST OF HIM *(PROVERBS)*

Last May, a Philadelphia Parish Bulletin, (Church of St. Laurence, Darby) carried the following short biographical sketch of a much-beloved physician of Phila., Dr. John Sweeney.

"When God calls to his eternal reward one whose life has been a shining example of Catholic manhood, the natural grief that is felt in his passing is soon supplanted with Christian resignation and quiet joy that one of us has attained the happiness that he has always desired, an eternity with God. So it is with Dr. John J. Sweeney. He was a man among men, a true follower of the Great Physician, one whose virtues were those of a true Catholic gentleman, citizen and father.

We could speak of his humor, his blunt and direct speech, reflecting his honest thinking, his charity, his helpfulness, his kindness and consideration, his cheerfulness, and his devotion to his family, but above all we have to admire the child-like faith that brought him every morning, despite the rigors and demands of a physician's life, to the altar of his Lord.

It has been a privilege and an inspiration to know Dr. Sweeney, and for that privilege may we utter a fervent 'Deo Gratias'."

Shortly after his death Mrs. Sweeney conceived the idea of giving all his medical equipment and office furniture (enough to equip a small clinic) for use in the missions as a memorial to Dr. Sweeney. Among the instruments are some especially fine obstetrical ones. She and the family felt that it would be in keeping with his love for the sick and poor to have everything given to them.

We too, are sure that Dr. Sweeney would be happy to have his work continued—in the missions.

It was Mrs. Sweeney who told us Dr. Sweeney had his hands blessed as a young physician and in his 38 years of practice (much of which was obstetrical) he never lost a mother.

Although we did not have the privilege of meeting Dr. Sweeney, he knew of our work and was interested in it. In gratitude a Mass was offered for the repose of his soul in our chapel. His shining Catholic example could well be imitated. He richly deserves this "medieval toast to Doctors":

Who practise Medicine with God's Grace
To save men's lives in many a place
Christ Who made both East and West
Grant their souls in heaven to rest...

R. I. P.

Msgr. John C. Vismara, Detroit, Mich.
Rev. Father Clement, O.F.M. Cap., Mussoorie, India
Rev. William S. Gensler, Beaver Dam, Wis.
Rev. Leo M. Weber, S.J., Baltimore, Md.
Sister Agnes Mary Carroll, S.S.J., Hartford, Conn.
Sister Anne Louise, S.C.N., So. Boston, Mass.
Sister M. Borgia Hurley, S.S.J., Hartford, Conn.

(Continued on Inside Cover)

FATHER FLAUJAC'S WORK IN JAPAN CITED

On May 28, 1952, Japan's Ministry of Welfare cited 27 persons for meritorious service in combating tuberculosis. Among them, was the Rev. Joseph Flaujac, veteran Paris Foreign Missionary and leading Catholic social worker in Japan. The citation was given to celebrate the fact that in 1951 deaths from tuberculosis fell below the 100,000 mark for the first time.

Until the present day, Tuberculosis has been responsible for more deaths in Japan than any other single agent. In 1945, 250,000 died of this disease. Despite evident progress in the fight against tuberculosis, Japan has need of three times its present 101,000 tubercular beds.

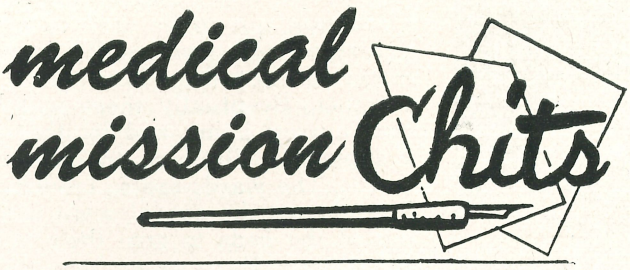
Tubercular hospitals are of recent origin in Japan. The first one was established in 1916 by the Salvation Army. Father Flaujac opened the first Catholic sanatorium in 1929 after having visited the sick for many years in various hospitals. Today there are eight Catholic sanatoria for tuberculars in Japan caring for a thousand patients. Bethany, as Father Flaujac's hospital is called, has grown from 15 beds in 1929 to its present 210. Plans and land are awaiting funds for further enlargement to 500 beds.

Bethany's work has expanded in other ways, also. Five dispensaries uncover and diagnose this disease. Those infected are sent to sanatoria, and thus others are saved from infection. Other allied works include an orphanage to care for children of tubercular patients, an elementary and middle school for the orphans and the children of the neighborhood and the various dispensaries. Then, there is St. Joseph's Colony in the mountains 120 miles north of Tokyo. This foundation is a recuperation center for tubercular patients still too weak to return to their regular places in society. The colony's 750 acres were provided by the government. Here, Father Flaujac has established an agricultural school, a farm, a sawmill and living quarters for the colonists. In addition to these projects, Father Flaujac has plans for a special home for the aged left destitute when tuberculosis carries off their children.

To care for Bethany's patients and to engage in other social works, Father Flaujac established a special community of Japanese Sisters known as the Sisters of St. Bernadette. Their habit is the ceremonial dress of Japanese women. Not only do these Sisters toil day and night in a work that permits no rest, but their example is a great stimulant to the lay employees connected with these institutions.

Of all these works, Father Flaujac considers well-organized dispensary work the best mode of the apostolate, "because it uses the door opened by the microbes as a portal of entry to otherwise inaccessible places, to which goodness and charity can bring the charity of the Divine Master and His gifts of Light and Love . . . Is there any nobler missionary work than to bring joy, gaiety, and charity into a home and so give people in despair a desire to live as we attend to the health of body and soul?" Congratulations, Father Flaujac!

Sr. M. Daniel



from
VENEZUELA
PATNA
MANDAR
RAWALPINDI
MUSSOORIE
MAKASSAR

MARACAIBO

One day a little girl who had just learned to walk, came to the hospital wearing a yellow dress. It happened that another child was sitting in the waiting room and she, too, had on a yellow dress. The little American tot, babbling in her baby way, went up to the little Venezuelan girl, holding out her dress and walking before her. It is the little ones who are the real ambassadors here, cementing international relationships and learning all languages!

A couple of weeks ago the reliquary of the Shrine of Our Lady of Coromoto which has been traveling all over Venezuela was here from Guanare. We had the opportunity to go with it to the Leper Island. This is home for 700 patients and a medical staff of four doctors and nine *practicantes*. There is only one saintly Augustinian priest on the island to care for spiritual needs. Sisters were there but had to leave, and, oh, how the place lacks a woman's touch. We heard Mass after we arrived there and had the privilege of sitting in a partitioned part next to the altar. The priest reminds one of Damien. His is truly a heroic life!

The reliquary is a picture of Our Lady of Coromoto, supposed to have been given to an Indian by Our Lady when she appeared to him. It is very lovely—and very small. She has Indian features.

Sister M. Declan, R.N.

PATNA

A few days before the graduates' departure, our forty-eight lay nurses met nine Catholic nurses from Patna General Hospital at the Bankipore Pro-Cathedral in Patna where they were enrolled in the Catholic Nurses' Guild. Rev. G. Ziebert, S.J., Spiritual Director of the Holy Family Hospital nurses, received their promises during Benediction, which was followed by tea and a business meeting. Thus, Patna joined the group of Catholic Nurses' Guilds being formed throughout India in an effort to band the reported one thousand Catholic nurses of the country together, and give them support and help in the spiritual, moral and physical problems which confront them. They added to the Nightingale pledge which they had taken when they were admitted to the nursing profession, the promise to uphold Christian principles in the performance of their duty as nurses.

Sister M. Adelaide

The doctors of the W.H.O. connected with the T. B. hospital in Patna came to see us. A Danish one with his wife, a Frenchman, an Austrian, and a Finnish technician. The bishop remarked about their visit, "The doctors were thoroughly impressed by their visit to your hospital. They are still talking about it, and it did a lot of good to their souls as well."

Sister M. Leonie, M.D.

Sr. M. Barbara, M. D. and Sr. M. Francis, M. D., Chief Surgeon at Holy Family Hospital, Mandar, India.

MANDAR

The other day we came down to the ward to see a young Hindu woman about 20 years of age, sitting at the desk on the floor. She was huge in front, on the sides and in back. She told us she had travelled five days all alone—absolutely unheard of for a young Indian girl. She had the sari on her back and about 12 annas (24c) tied up in one corner and not another thing in the world. I asked where she came from and how? She told us a very distant place, easily 300 miles away and said she came "pousti" (asking her way). She had the hugest ovarian cyst I have ever seen and we were afraid of all sorts of complications, but she is making an uneventful recovery, ever so grateful for everything we did for her. We will even have to pay her way home!

Sister M. Barbara, M.D.

Next on the building program is a Quonset hut to be used as a temporary nurses' quarters. We have the materials, but they have to be put together. Eventually there will be a real nurses' home and by that time I suppose we'll have to have more wards. The wards are so crowded we literally put the convalescent patients out of the beds to give them to sick newcomers. Even so we have to turn many away.

Mandar itself is only a little village. It doesn't have electricity, so we have our own generator for light and power which also pumps the water from the well way out in the field.

The people are very nice although they expect the impossible sometimes. We had a man in with a compound fracture of the leg. He said he couldn't stay in the hospital very long as he had to plant his rice. Would they give him a medicine that would "make him better" in a hurry. According to latest reports, he is still in the hospital. I hope one of his brothers (very biblically, everybody is everybody else's brother) planted his rice for him, or it will mean starvation for him and his family, poor fellow.

Sr. M. Dennis

RAWALPINDI

Sister Laetitia and I had to go into the village one morning. We started walking up the road when a small Pakistani child, dirty and in rags, came running up to us. She threw her arms around me and gave me a real "Bear Hug" then began to cry. I tried to dislodge her and find out what her trouble was. Finally she settled for only my hand and then we found out that she was crying for joy at seeing us again. Last summer we visited her home, gave them food, clothes, medicine, and also delivered a baby. We had forgotten, but she remembered and wanted to have us back for a "cup of tea."

Sister M. Christopher

MUSSOORIE

We could use a maintenance man here. Sr. Vincent spends half her time fixing things. The electrical equipment is very unreliable, as is the electricity. One day she sent for the plumber to fix the water faucets. They sent a fourteen-year old boy who didn't know a thing about faucets. Result: Sister spent the afternoon showing him how to put in new washers, etc. I wonder *who* sent *whom* the bill?

Another day the drain that collects water from the roof got all stopped up with pine needles, so she went out to unstop it and the whole thing fell down—clear from the roof We had the cook and the sweeper and Sr. Vincent on the second floor directing things—all I could do was laugh — there they were with the huge big drain weaving back and forth and her hanging on the top part to make it fit. Finally it crashed to the ground in many sections Somehow they got it back up, no thanks to me. Sr. M. Carol, R.N

MAKASSAR

Three weeks ago a meeting was held in Makassar of the bishops of East Indonesia. Of course, they all came and paid a visit to us and the clinics. They wanted Catholic midwives in their dioceses and asked us to please take more pupils, but what can we do when we are so short of space and teachers! This is very hard especially when one knows and sees the enormous need and the good that a *Catholic* midwife can do.

Sister M. Thecla, R.N.

TO THE ENDS OF THE WORLD FIFTY YEARS OF CATHOLIC ACTION

July 7, 1952 marked the beginning of Golden Jubilee Year for the Catholic Daughters of America. This half century has seen them grow from a small study club in Utica, New York to 1600 units organized in 45 States, Puerto Rico, Panama, Cuba and Alaska. Following the lead of our Holy Father, these units study the Christian solutions to the problems of the times.

For a number of years, various Catholic Daughter Courts have shown interest in medical mission work. However, we think the Courts in Philadelphia and vicinity merit special praise. They hold an annual Mission Day at the Medical Mission Sisters' Motherhouse. Mission Day is but the climax of each year's work for mission hospitals. Their support is given by prayer, the work of their hands and by alms. From the Motherhouse, their gifts go to our medical mission centers in India, Pakistan, Indonesia, Africa and South America, as well as the home missions.

Congratulations to all the Catholic Daughters of America for a half century of Christianity in Action. Our prayerful thanks for their participation in medical mission work. Through it, our Sisters have been able to give medical care to many who might not have received it otherwise. Their CHARITY has gone forth to the ends of the world!

Below—Nurses' Graduation
H. F. H., Patna

COOK'S MATE EMERITUS

Sr. M. Paula, R. N.

"If this comes from "Nantwi" (meaning cow in "Twi"), what happened to the water that goes with it?", Kwabena asked as Sister handed him the powdered milk for the cook. Now that is a fair enough question coming from a ten year old "bush boy," who had never been to school. He certainly displayed very keen powers of observation — this new cook's helper—and he turned out to be a real find, a gem.

Kwabena Nsia learned very quickly all the chores that were his and he was not given to doing things by half measures. In drying dishes he had his own technique nor did anyone who might be helping him dare to use the towel designated for the "glasses only," for any other purpose. And with all his capabilities for his work, he was never the least bit forward or presumptuous. He had a captivating smile that reached from ear to ear, displaying beautifully even, glistening white teeth.

In Berekum we do not have street lights as there is no electricity. It gets dark very early, for as soon as the sun goes down night is upon us without the intervening twilight. "Aren't you afraid to go home alone, Kwabena?" I asked one day. "Dabi, m'in'suru, Nyame Kanea wo ho." ("Oh no, I am not afraid, God's lantern is up there.") And he pointed to the bright full moon.

The cook also was quick to perceive Kwabena's aptness for the culinary art. Immediately he started deliberating on his possibilities as substitute cook—while chief cook attended to some private enterprises. And so it happened for sometime, before the Sisters discovered it, the little fellow was preparing the cereal and getting breakfast all by himself while the cook was taking life very leisurely. The only solution was to keep Kwabena occupied elsewhere.

All Ashantis are children of the soil by nature. Even when they are very small they accompany their mothers to do some little bit of weeding or to gather firewood. So Kwabena was assigned the patch of sweet corn, which the Sisters all secretly cherished, for it was like ambrosia next to the native maize that the Africans raise. "The corn needs hoeing and weeding, Kwabena. Do you think that you can do it?" He beamed as he went off with the short-handled native hoe in one hand and the rake in the other. The next time Sister looked out toward the corn patch there was Kwabena with the hoe on his head while he busily raked up the weeds whistling all the while.

Pineapples grow well in our section. Whenever grateful patients "dash" us pineapples we save the "crop" and plant it. Kwabena was on hand when we were about to plant the first one and when Sister asked him how deep it should be planted he answered her with this sage remark. "If you plant it three layers

deep it will take three years before you will get any pineapples. If you plant it one layer deep it will bear in one year—we shall plant it between one and two layers deep," he stated with veteran assurance.

One day he stood near the pineapple patch admiring the lovely markings of an antelope that had wandered into our compound. He pointed to two short narrow yellowish-white marks on either side of its nose just below its eyes. These he explained are the antelope's "Kanea" (lantern). And he proceeded to demonstrate that at night when it walked in the bush and couldn't find its way, the moon would shine on the two spots on the antelope's nose and then there would be enough light reflected to guide the little animal.

One fine day Yaa came to H.F.D. She was ready to do a few chores and also learned how to make paper bags which she filled with tablets in the pharmacy. She had to learn to count first because she had never been to school either. Kwabena was more than pleased to have his younger sister around, for like all brothers, he too loved to tease his sister.

But Kwabena was also very solicitous for his sister and he wanted her to do everything correctly. It was Holy Saturday afternoon and according to Kwabena, Yaa had not prepared her cloth for Easter Sunday and since their mother was at their farm some miles away, it looked very much like there would not be an Easter cloth for Yaa. On Easter Sunday morning as Sister happened to go past the kitchen, there was Kwabena ironing his little sister's cloth. The two of them had hurried home the previous evening and together they had washed the cloth. But Yaa did not know how to iron so while Kwabena did the honors Yaa set the breakfast table.

Kwabena was fast outgrowing his job as little helper much to the distress of the Sisters. He wasn't quite big enough to take over the responsibilities of chief cook, and yet he had definitely outgrown the "bottle-washer" stage. The inevitable happened one day. Kwabena told Sister that he was going to look for greener pastures. He had been with us for two years now—the longest any native had. Needless to say it was quite an adjustment for the whole household to make. But we all felt that Kwabena would certainly get ahead and make something of himself. God bless you Kwabena.

R. I. P.

Sister M. Brigid McKinney, S.S.J., Baden, Pa.
Sister M. Rose Anne McArdle, C.S.C., Ogden, Utah
W. S. Bower, M.D., Washington, D. C.
Mrs. Ida Brullmann, Long Island City, N. Y. (mother of Sr. M. Alexius, S.C.M.M.)
Mrs. Paul Callahan, Annapolis, Md.
Miss Catherine Clarke, Baltimore, Md.
Mr. Joseph Kurivinahummel, Malabar, India
Mr. and Mrs. August Meyer, Edgewood, Iowa
Mrs. Grace Shearer, Phila., Pa.
Mr. J. J. van der Eerden, Oisterwyk, Holland (father of Sr. M. Lucia, S.C.M.M.)
Mrs. Eloise Werner, St. Louis, Mo.

Kindly send THE MEDICAL MISSIONARY to:

Name _____

Address _____

City _____ **Zone** ____ **State** _____

MEDICAL MISSION SISTERS
8400 Pine Road, Fox Chase, Phila. 11, Pa.
U. S. $1.00 for 1 year; $5 for 6 years
Foreign: $1.25 for 1 year; $5.00 for 5 years

JUST ONE MORE!

Dear St. Joseph:

It's monsoon time again in Patna. Water, water everywhere—inside and out. Don't you realize what that means especially in the overcrowded dispensary? 50 patients and relatives squeezed into the waiting room, normally meant for 15 . . . The overflow huddled on the verandah . . . The admission Sister working desperately to get one more patient in out of the rain . . . No wonder she was heard to say, "Oh, for a houseboat until the new hospital is built!"

Won't you please ask your friends to come to our rescue and shower us with coins (rather $ bills) for a larger dispensary at Holy Family Hosptal? We promise to storm heaven with a flood of prayers for their intentions . . .

Gratefully yours,

Mother Anna Dengel, M.D.

Are you a friend of St. Joseph?

Dear Mother Dengel,

Here is my contribution $_____ for your Holy Family Hospital in Patna.

Name _____

Address _____

City _____ Zone ____ State _____